Acknowledgement of Receipt of
Notice of Privacy Practices

I have been provided with a Notice of Privacy Practices that provides me a more complete description of the uses and disclosures of certain health information. I understand that Grand Prairie Urgent Care reserves the right to change their Notice of Privacy Practices and prior to implementation will provide an updated copy to the patient in the clinic. I may request a copy of the updated Notice of Privacy Practices by calling the clinic or requesting a copy in person at my appointment.

_____ _____
Patient's Printed Name Date of Birth

_____ _____
Patient/Legal Representative Signature Date

_____
Relationship to Patient

_____ _____
Witness Date

The following names are of people I would like to be involved in or have access to my protected health information on routine basis. I give permission for Grand Prairie Urgent Care to share my protected health information with:

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ _____
Name Relationship